

Session 5 Topics

- Topic 1 Welcome Back – 20 minutes**
A. Review of Session 4
B. Preview of Session 5
- Topic 2 Challenges to Breastfeeding – 90 minutes**
A. Hospital Practices
B. Lack of Confidence
C. Lack of Support
D. Body Changes
E. Worried About Not Eating Right
F. Embarrassment
H. Returning To Work or School
I. Busy Lifestyles
- Topic 3 Referral to a Lactation Specialist or Health Care Provider – 15 minutes**
- Topic 4 Documentation and Confidentiality – 15 minutes**
A. Documentation
B. Confidentiality
- Topic 5 Telephone Manners – 15 minutes**
- Topic 6 Topics to Cover When Talking to Mothers – 15 minutes**
- Topic 7 Practice Counseling – 30 minutes**
- Topic 8 Next Step and Feedback – 15 minutes**
- Topic 9 Closing Activity and Celebration – 30 minutes**

Topic 1 – Welcome Back

A. Review of Session 4

What do you think was the most important information you learned in Session 4?

What information from Session 4 will be most useful to you as a peer counselor?

Share with the group.

What questions do you have about Session 4?

B. Preview of Session 5

Find and silently read the topics for Session 5.

What are you most interested in learning about?

Topic 2 – Challenges to Breastfeeding

Why do you think some mothers decide not to breastfeed or only breastfeed for a few weeks?

Share with the group.

Compare your answers to the list on the next page.



My peer counselor told me it was ok to call her anytime. I had a lot of questions in the beginning. She was great.

Challenges to Breastfeeding:

(not in any particular order)

- Hospital practices
- Lack of confidence
- Lack of support
- Mothers worry about how breastfeeding will change their body
- Mothers worry about not eating right
- Embarrassed to breastfeed in public
- Returning to work or school
- Busy lifestyles

A. Hospital Practices

How did you prepare for your hospital stay?

What do you wish you had done differently?

How could a peer counselor have helped you?

Share your answers with the group.



Hospital routines can make it harder to get breastfeeding off to a good start. Also, many of the hospital staff have not been trained with the latest information about breastfeeding. Having a positive breastfeeding experience in the hospital makes it easier to continue breastfeeding.

The following activities make it difficult for mothers to get a good start:

- Babies are not left on mother's chest for an hour after delivery
- Babies are taken to a nursery instead of staying near their mother to breastfeed whenever they are awake and give cues they want to breastfeed
- Bottles of formula or sugar water are given
- Pacifiers are placed in babies' mouths, so they don't breastfeed as often as they need to
- Mothers are given free formula or coupons for free formula to take home
- Staff gives advice that is not based on the newest information about breastfeeding

How can you help a pregnant mother prepare for her hospital stay?

Compare your list with the one in the next page.



Preparation for Hospital Stay

To prepare for their hospital stay, encourage pregnant mothers to:

- Go to WIC breastfeeding classes
- Take a tour of the hospital and learn who the lactation specialists are on staff (if any) so you can ask for them by name when you are there
- Keep all breastfeeding material and handouts in their suitcase with the clothes they are taking to the hospital
- Let their health care provider know they plan to breastfeed
 - Ask them how they usually support breastfeeding mothers
 - Ask them if there is any reason that they may have difficulty with breastfeeding and who they would refer them to if this happened
- Take the telephone numbers of the peer counselor, the WIC office, La Leche League and any other person that has agreed to help them
- Take two piece pajamas to the hospital as they are easier to open or lift up than a nightgown
- Take a soft baby blanket to put over themselves and the baby in case a visitor comes when they are breastfeeding if they are uncomfortable breastfeeding in front of others
- Take a sign to put on the baby's crib that says:

*I am a breastfed baby – if I'm giving signs I want to eat,
please take me to my mommy!*

or—

*I'm learning how to breastfeed...
Please, no formula, no pacifiers, no bottles!*

- Remember that their job right now is to learn how to care for and breastfeed their baby – not to entertain guests!
- Take a support person with them to let their health care providers know what they want, such as breastfeed as soon as possible after delivery, no pacifiers, no formula unless necessary, and rooming-in if possible

B. Lack of Confidence

It is very common for mothers to think that they will not be able to successfully breastfeed. Mothers are often unsure that they can make enough milk for their babies. They also hear comments from family and friends about not being able to breastfeed so they think that they won't be able to breastfeed either. Common statements mothers make that show they are not sure they can breastfeed include:

- "I don't think I'm making enough milk."
- "My mother (sister or other family member) was not able to breastfeed."
- "My sister told me my breasts are too small to make enough milk."
- "My milk is too weak (thin)."
- "My sister told me breastfeeding is really hard."
- "I don't know anyone that's breastfed a baby without giving formula too."

Divide into small groups.

How would you respond to mothers who make these statements?

Share with the large group.

C. Lack of Support

Sometimes family members or friends make comments that do not support breastfeeding. Some examples are:

- “Formula is just as good as breastmilk. I gave you formula and you turned out fine.”
- “Your baby will sleep longer if you give him formula.”
- “You are starving that baby. Look he’s still hungry. Give him a bottle of formula.”
- “How do you know how much he’s getting? You know he’s getting enough when you give him a bottle of formula.”
- “You spend all your time breastfeeding. You don’t have time for me.”
- “Don’t you know that colostrum is not good for the baby?”
- “You can get plenty of free formula. Why breastfeed?”
- “You are so tired. Let me feed the baby (formula).”

What comments did you hear from family or friends? How did you handle these situations?

What could you say to a mother who has family and friends that are not supportive of breastfeeding?

Share with the group.

D. Body Changes

Some mothers worry their bodies will not look the same as they did before they got pregnant if they breastfeed.

For example:

A mother who felt her breasts were too large before she got pregnant may worry about having even larger breasts while breastfeeding. (Mothers with small breasts may be pleased.) Reassure mothers that changes in breast size are only temporary.

Some mothers fear that breastfeeding will make their breasts sag. Let mothers know that pregnancy and aging cause changes to the breast.

Some mothers worry they won't be able to lose weight quickly while breastfeeding. Let mothers know that breastfeeding mothers usually lose weight faster than mothers who do not breastfeed. Breastfeeding helps mothers get their bodies back to *normal* faster.

*Our bodies naturally
change over time whether
we breastfeed or not.
Breastfeeding is a gift that
lasts a lifetime!*

What would you say to a mother who has the above concerns?

Share with the group.

E. Worried About Not Eating Right

What did your family and/or friends tell you about eating while breastfeeding?



Sometimes mothers think they do not eat enough of the “right” foods to make “good” milk. Let them know that:

- They will make “good” milk even if they do not eat all the “right” foods everyday
- Breastmilk from mothers who eat “junk food” is better for babies than formula
- They do not need to drink milk to make milk
- They should eat the way they were encouraged to eat during pregnancy
- Eating poorly may make mothers feel tired and get sick more often

Sometimes mothers worry that certain foods will cause their babies to become fussy or colicky. Common foods thought to upset a baby’s tummy include: cabbage, broccoli, cauliflower, brussel sprouts, garlic, caffeine, chocolate, milk and spicy foods.

Most mothers can eat these foods without the baby getting an upset tummy. If the mother thinks her baby becomes fussy or colicky after she eats a certain food, suggest she stop eating that food for a week to see if the signs go away.

Breastfeeding mothers need to drink to thirst. Drinking more will not increase milk supply. Suggest to the mother that whenever she sits down to feed her baby that she has something next to her to drink such as water, juice or milk. Coffee, tea and soft drinks with caffeine should be limited to just a few cups per day. Caffeine does pass into breastmilk and can cause the baby to become fussy and/or not sleep well.

What questions do you have about eating and breastfeeding?

F. Embarrassment

While many mothers feel comfortable breastfeeding in public or around friends and family, some mothers do not. These mothers may choose not to breastfeed at all or only breastfeed when no one else is around. If a mother is worried about breastfeeding in public, affirm her feelings and show her how she can breastfeed without showing her breasts. There is a law in California that allows mothers to breastfeed anywhere in public where babies are allowed to be!

What suggestions could you give to a mother who is worried about breastfeeding her baby in public?

Share your answers in the large group.

Compare your list with the one on the next page.

Suggestions for Breastfeeding in Public:

- Cover your baby and breast with a blanket or shawl
- Wear clothes that you can pull up from your waist
- Wear a blouse that can be unbuttoned from the bottom
- Use a sling
- In a restaurant, ask for a booth in the back

G. Returning to Work or School

Many mothers worry that going back to work or school will prevent them from breastfeeding successfully. You can help a mother by affirming her feelings and letting her know:

- There are ways for her to continue to breastfeed successfully once she returns to work or school
 - She can breastfeed when she is with her baby and have her daycare provider give the baby expressed breastmilk when she is away
 - She can breastfeed when she is with her baby and have her daycare provider give formula when she is away
- Many mothers find the special closeness that breastfeeding brings “makes-up” for the time they are away from their babies
- Many mothers find breastfeeding allows them to spend more time with their babies when they are at home because it takes less time than preparing bottles
- Her baby will be less likely to catch colds and illnesses from other children in daycare. A healthier baby means she misses less work or school too.
- Her baby will get many benefits from breastfeeding even if she breastfeeds until she returns to work or school
- It is important to talk to her employer about her plans to breastfeed before the birth of her baby and identify where she can pump in a clean and private place
 - * There is a law in California that requires employers to give adequate break-time (unpaid if longer than “regular” breaks) and try to find a private place (other than the bathroom) for her to pump at work.

What suggestions can you give to a mother who is worried about breastfeeding and returning to work or school soon after having her baby?

Share your answers with the large group.

Compare your list with the “Tips Before Returning to Work” in Handout #8, “Working and Breastfeeding.” This handout is available in English and Spanish on the internet at www.wicworks.ca.gov — Click on the Breastfeeding Section

H. Busy Lifestyles



Sometimes mothers are worried that breastfeeding will “tie them down” and they won’t be able to do the things they did before the baby was born. Affirm her feelings and let the mother know that once breastfeeding is going well, it takes less time, is easier, and requires less supplies than bottle feeding.

It is important for mothers to rest to give their bodies time to recover from having a baby. If mothers “over do it” in the first couple of weeks, it may take them longer to get back to *normal*.

Mothers who do too much too soon, may also become stressed. Mothers who are stressed may have trouble getting their milk to flow or they may not make enough milk. You can help a mother to recover faster and get back to her busy life sooner by encouraging her to:

- rest when the baby rests
- focus on taking care of herself and her baby the first few weeks after the baby is born
- have someone come and help her with cooking, cleaning and taking care of older children (if possible)

You can also help a busy mother by talking to her about:

- gradually getting back to other activities once breastfeeding is going well
- pumping so that her baby can have breastmilk when she is away
- breastfeeding most of the time, use a bottle with breastmilk if necessary
- giving breastfeeding a try, as she may find breastfeeding works well with her busy schedule

Breastfeeding is especially important for busy mothers. It promotes bonding and relaxation. Remember, the first few months of life are a special time for bonding.

In small groups discuss how you would respond to a mother who says, “I cannot breastfeed because I heard it takes up to seven hours a day. I don’t have that kind of time!”

Share with the large group.

Topic 3 – Referral to a Lactation Specialist or Health Care Provider



Your role as a peer counselor is to listen to the mother's concerns, affirm her feelings and provide basic breastfeeding education to help prevent and overcome common challenges with breastfeeding. You are not to give medical advice or tell mothers what to do. There are many times when you will refer mothers to a lactation specialist or a health care provider.

Divide into small groups. Your facilitator will give you a few minutes to **make** a list of reasons to have mothers talk to a lactation specialist or a health care provider.

Share your list with the group.

Find the Handout #9, "Reasons for Referral to a Lactation Specialist or Health Care Provider" in your appendix.

Compare your list with the handout.

What questions do you have about making a referral?

Topic 4 – Documentation and Confidentiality

A. Documentation



Documentation is **very** important for many reasons. Documentation:

- Improves communication—In all health care settings, communication between staff is very important. If another counselor needs to follow-up with a mother while you are not available, your notes will help that counselor give the mother better care.
- Saves time—Once you know how to document, it will save you time when you follow-up with a mother. If you have the mother’s “chart” in front of you, you will not need to waste time trying to figure out where you left off and what you talked about last time.
- Helps you prepare for your next counseling session—When you follow-up with a mother and begin where you left off, it shows that you are interested and concerned about her and her baby.
- Keeps track of the work you have done—Documenting each participant’s contact is a very important part of your job. Your supervisor relies on you to complete this paperwork.

If you are hired as a peer counselor, someone from your agency will go over the forms you will be required to fill out at another time.

What questions do you have about documentation?

B. Confidentiality



WIC participants share personal information when they enroll in WIC. They have the right to know that **this information will not be shared with anyone** except WIC staff when needed. This means that you are not to:

- Share information with your partner and/or friends
- Leave forms and participant files out where others can see them
- “Gossip” with WIC staff about mothers that you have counseled

Your agency may have you sign a “Confidentiality Agreement” if you are hired. Sharing personal information with non-WIC staff about a mother you are helping is illegal and could cause you to lose your job!

What questions do you have about confidentiality?

Topic 5 – Telephone Manners

Watch your facilitators role-play two telephone calls.

Answer the following questions for each conversation:

What did the “counselor” do well?

What could the “counselor” have done differently?

Find and **review** Handout #11, “Telephone Counseling Suggestions”.

What questions do you have about this handout?

Topic 6 – Topics to Cover When Talking to Mothers

Find Handout #12, “Suggestions for Topics to Cover” in your appendix.

Follow along as your facilitator goes over this handout.

What questions do you have about topics to be covered when talking to a mother?

Topic 7 – Practice Counseling

Divide into groups of three. **Practice** using the Best Start 3-Step Counseling Strategy making sure each person is the “counselor”, the “mother” and the “observer” once. Use Handout #14 in the appendix to take notes when you are the observer. **Use** the following scenarios:

- A. You call a mother of a 4-week-old and she tells you she has to go back to work in 3 weeks. She wants to know if she’ll be able to make enough milk for her baby if she gives her baby formula during the day when she is at work.
- B. You call a mother and she says her 3-week-old baby has been fussy the last few days. She thinks it might be something she ate. She is thinking about stopping breastfeeding because she doesn’t want to have to watch the foods that she eats.
- C. You call a mother of a 2-week-old baby and she tells you she is going to stop breastfeeding because she doesn’t have enough time and has no place to breastfeed in private.

After each role-play, discuss the following within your group of three:

Counselor: What did you think worked best? What was difficult? What do you wish you had done differently?

Mother: What did you find helpful? What suggestions can you give to your “counselor”?

Observer: Did you see the 3-Step Counseling Strategy used? What was the best part of the counseling? What suggestions can you give to the “counselor”?

Share how your counseling session went with the group.

Topic 8 – Next Steps and Feedback

- A. Look** at the tree created at the beginning of the first session. What topics were covered today that you wanted to learn more about (that were placed on the branches)? Your facilitator will move those post-it notes to the roots of the tree.

What other questions do you have?

B. Next Steps

Listen as your facilitator lets you know the next steps for applying to become a peer counselor.

C. Feedback

Find the evaluation form, Handout #13, in your appendix. Please fill it out. Your facilitator will let you know where to place it when you have finished. Thank you for completing this form!

Topic 9 – Closing Activity and Celebration

A. Closing Activity

1. **Sing** the Counseling Song you created in Session 3. **Sing** this song as a group in rounds. Have fun!
2. **Think** about what you gained most from this training and how this training has already changed or might change part of your life.

Form a circle.

Share your thoughts in the circle.

B. Congratulations! You Made It Through Peer Counselor Training! Celebrate!



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